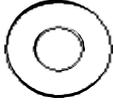
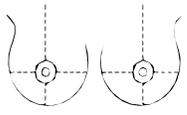


MATERNAL PHYSICAL EXAMINATION

(See Instructions)

1. Last Name	First Name	MI	
2. Patient Number			
3. Date of Birth (MM/DD/YYYY)			
	Month	Day	Year
4. Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> White <input type="checkbox"/> Other _____			
5. Ethnic Origin <input type="checkbox"/> Hispanic Cuban <input type="checkbox"/> Hispanic Mexican American <input type="checkbox"/> Hispanic Other <input type="checkbox"/> Hispanic Puerto Rican <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Unreported			
6. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male			
7. County of Residence			

INITIAL PHYSICAL EXAMINATION	EXAM DATE:	Detail Positive Findings Below
PART A — SYSTEM		
All items under system are normal <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, proceed to Part B)		
	Normal	Abnormal
	Normal	Abnormal
Skin		Comments
HENT		
Eyes		
Teeth		
Lymph Nodes		
Thyroid		
Lungs		
Heart		
Breasts-Nipples		
Abdomen		
Extremities		
PART B — PELVIC EXAM (including uterine size or fundal height)		
	Normal	Abnormal
	Normal	Abnormal
Perineum (if indicated)		Comments
Vagina (if indicated)		
Cervix		
Cervix: Long/Closed/Posterior (L/C/P) — <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Other _____		
Uterine size _____		
PART C — DIAGRAMS FOR ABNORMAL FINDINGS (PRN)		
		

Assessment Exam WNL — Yes No S=D — Yes No

Other Assessments _____

Comments/Counseling _____

RTC _____

Examiner Signature: _____ Date: _____

Interpreter Used: N/A No Yes If yes interpreter's name: _____ Date: _____

Instructions for Maternal Physical Examination

Purpose: To assess, document and evaluate health related information on the prenatal patient.

Instructions: Initial Physical Examination: Indicate whether within normal limits by placing your institution's appropriate acceptable abbreviation. Record any additional objective data as appropriate.

If all items under a section are normal you may check off the "yes" box and proceed to the next section. If anything in that section is abnormal then check the "no" box and fill out each item in that section individually.

- Physical — Self-explanatory
- Pelvic Exam — Self-explanatory
- Diagrams — Draw any positive findings as needed
- Detail Positive Findings Below — Explain pertinent information that may impact patient care whether or not a significant problem
- Assessment — Check off if exam is "Within Normal Limits" (WNL) and if "Size equal Dates" (S=D)
- Other Assessment — Write in any other findings/assessments
- Comments/Counseling — use this space for any other comments or specific counseling given client as a result of findings during physical examination. If you are using a progress note for extra notes document here "see progress note"
- Return to Clinic (RTC) — indicate the date or the number of weeks the patient is to return for next appointment
- Examiner Signature — Self explanatory
- Interpreter Used — Self explanatory

Disposition: This form is to be retained in accordance with the records disposition schedule of medical records as issued by the Division of Archives and History.

Location: Go to the following link to access this form and print as needed:
<https://wicws.dph.ncdhhs.gov/provPart/forms.htm>